

Fill in this information to identify your case:

United States Bankruptcy Court for the:

NORTHERN DISTRICT OF ILLINOIS

Case number (if known) \_\_\_\_\_

Chapter you are filing under:

☒ Chapter 7

☐ Chapter 11

☐ Chapter 12

☐ Chapter 13

☐ Check if this an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself

About Debtor 1:

About Debtor 2 (Spouse Only in a Joint Case):

1. Your full name

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Bring your picture identification to your meeting with the trustee.

**John**

First name

**Michael**

Middle name

**Hughes**

Last name and Suffix (Sr., Jr., II, III)

**Amy**

First name

**Constance**

Middle name

**Cederbaum**

Last name and Suffix (Sr., Jr., II, III)

2. All other names you have used in the last 8 years

Include your married or maiden names.

3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)

xxx-xx-0814

xxx-xx-1245

Debtor 1 **John Michael Hughes**  
Debtor 2 **Amy Constance Cederbaum**

Case number (if known) \_\_\_\_\_

**About Debtor 1:**

**About Debtor 2 (Spouse Only in a Joint Case):**

**4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years**

Include trade names and *doing business as* names

☐ I have not used any business name or EINs.!

**Cederbaum and Hughes**

Business name(s)

46-1977307

EINs

☐ I have not used any business name or EINs.!

**Cederbaum and Hughes**

Business name(s)

46-1977307

EINs

**5. Where you live**

**900 Illinois Road  
Wilmette, IL 60091**

Number, Street, City, State & ZIP Code

**Cook**

County

**If your mailing address is different from the one above, fill it in here.** Note that the court will send any notices to you at this mailing address.

Number, P.O. Box, Street, City, State & ZIP Code

**If Debtor 2 lives at a different address:**

Number, Street, City, State & ZIP Code

County

**If Debtor 2's mailing address is different from yours, fill it in here.** Note that the court will send any notices to this mailing address.

Number, P.O. Box, Street, City, State & ZIP Code

**6. Why you are choosing this district to file for bankruptcy**

*Check one:*

☒ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

☐ I have another reason.  
Explain. (See 28 U.S.C. § 1408.)

*Check one:*

☒ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

☐ I have another reason.  
Explain. (See 28 U.S.C. § 1408.)

Debtor 1 **John Michael Hughes**  
Debtor 2 **Amy Constance Cederbaum**

Case number (if known) \_\_\_\_\_

**Part 2: Tell the Court About Your Bankruptcy Case**

7. **The chapter of the Bankruptcy Code you are choosing to file under** *Check one.* (For a brief description of each, see *Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)*). Also, go to the top of page 1 and check the appropriate box.
- ☒ Chapter 7
- ☐ Chapter 11
- ☐ Chapter 12
- ☐ Chapter 13
- 
8. **How you will pay the fee** ☒ **I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.
- ☐ **I need to pay the fee in installments.** If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).
- ☐ **I request that my fee be waived** (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.
- 
9. **Have you filed for bankruptcy within the last 8 years?** ☒ No.
- ☐ Yes.
- |                |            |                   |
|----------------|------------|-------------------|
| District _____ | When _____ | Case number _____ |
| District _____ | When _____ | Case number _____ |
| District _____ | When _____ | Case number _____ |
- 
10. **Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?** ☒ No
- ☐ Yes.
- |                             |                           |
|-----------------------------|---------------------------|
| Debtor _____                | Relationship to you _____ |
| District _____              | When _____                |
| Case number, if known _____ |                           |
| Debtor _____                | Relationship to you _____ |
| District _____              | When _____                |
| Case number, if known _____ |                           |
- 
11. **Do you rent your residence?** ☒ No. Go to line 12.
- ☐ Yes. Has your landlord obtained an eviction judgment against you and do you want to stay in your residence?
- ☐ No. Go to line 12.
- ☐ Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it with this bankruptcy petition.

Debtor 1 **John Michael Hughes**  
Debtor 2 **Amy Constance Cederbaum**

Case number (if known)

**Part 3: Report About Any Businesses You Own as a Sole Proprietor**

**12. Are you a sole proprietor of any full- or part-time business?**

☐ No. Go to Part 4.

☒ Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

**Amy C. Cederman, Lawyer**

Name of business, if any

**900 Illinois Road  
Wilmette, IL 60091**

Number, Street, City, State & ZIP Code

Check the appropriate box to describe your business:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))  
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))  
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))  
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))  
☒ None of the above

**13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?**

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. 1116(1)(B).

☒ No. I am not filing under Chapter 11.

☐ No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.

☐ Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.

**Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention**

**14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?**

☒ No.

☐ Yes. What is the hazard?

If immediate attention is needed, why is it needed?

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

Where is the property?

Number, Street, City, State & Zip Code

Debtor 1 **John Michael Hughes**  
Debtor 2 **Amy Constance Cederbaum**

Case number (if known)

**Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling**

**15. Tell the court whether you have received a briefing about credit counseling.**

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

**About Debtor 1:**

*You must check one:*

- ☒ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- ☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.

- ☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- ☐ **I am not required to receive a briefing about credit counseling because of:**
- ☐ **Incapacity.**  
I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.
- ☐ **Disability.**  
My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.
- ☐ **Active duty.**  
I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

**About Debtor 2 (Spouse Only in a Joint Case):**

*You must check one:*

- ☒ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- ☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.

- ☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- ☐ **I am not required to receive a briefing about credit counseling because of:**

- ☐ **Incapacity.**  
I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.
- ☐ **Disability.**  
My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.
- ☐ **Active duty.**  
I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1 **John Michael Hughes**  
Debtor 2 **Amy Constance Cederbaum**

Case number (if known)

**Part 6: Answer These Questions for Reporting Purposes**

<b>16. What kind of debts do you have?</b>	16a.	<b>Are your debts primarily consumer debts?</b> <i>Consumer debts</i> are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."  <input type="checkbox"/> No. Go to line 16b.  <input checked="" type="checkbox"/> Yes. Go to line 17.
	16b.	<b>Are your debts primarily business debts?</b> <i>Business debts</i> are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.  <input type="checkbox"/> No. Go to line 16c. <input type="checkbox"/> Yes. Go to line 17.
	16c.	State the type of debts you owe that are not consumer debts or business debts  <hr/>

<b>17. Are you filing under Chapter 7?</b>  <b>Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?</b>	<input type="checkbox"/> No.   <input checked="" type="checkbox"/> Yes.	I am not filing under Chapter 7. Go to line 18.  I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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<b>18. How many Creditors do you estimate that you owe?</b>	<input type="checkbox"/> 1-49 <input checked="" type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999	<input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5001-10,000 <input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> More than 100,000
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<b>19. How much do you estimate your assets to be worth?</b>	<input type="checkbox"/> \$0 - \$50,000 <input type="checkbox"/> \$50,001 - \$100,000 <input checked="" type="checkbox"/> \$100,001 - \$500,000 <input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$1,000,001 - \$10 million <input type="checkbox"/> \$10,000,001 - \$50 million <input type="checkbox"/> \$50,000,001 - \$100 million <input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> \$500,000,001 - \$1 billion <input type="checkbox"/> \$1,000,000,001 - \$10 billion <input type="checkbox"/> \$10,000,000,001 - \$50 billion <input type="checkbox"/> More than \$50 billion
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<b>20. How much do you estimate your liabilities to be?</b>	<input type="checkbox"/> \$0 - \$50,000 <input type="checkbox"/> \$50,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$500,000 <input type="checkbox"/> \$500,001 - \$1 million	<input checked="" type="checkbox"/> \$1,000,001 - \$10 million <input type="checkbox"/> \$10,000,001 - \$50 million <input type="checkbox"/> \$50,000,001 - \$100 million <input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> \$500,000,001 - \$1 billion <input type="checkbox"/> \$1,000,000,001 - \$10 billion <input type="checkbox"/> \$10,000,000,001 - \$50 billion <input type="checkbox"/> More than \$50 billion
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**Part 7: Sign Below**

<b>For you</b>	I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.  If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.  If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).  I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.  I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.				
	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: bottom;"> <b>/s/ John Michael Hughes</b>  <b>John Michael Hughes</b>            Signature of Debtor 1         </td> <td style="width: 50%; vertical-align: bottom;"> <b>/s/ Amy Constance Cederbaum</b>  <b>Amy Constance Cederbaum</b>            Signature of Debtor 2         </td> </tr> <tr> <td style="vertical-align: top;">           Executed on <b>April 26, 2017</b>            MM / DD / YYYY         </td> <td style="vertical-align: top;">           Executed on <b>April 26, 2017</b>            MM / DD / YYYY         </td> </tr> </table>	<b>/s/ John Michael Hughes</b> <b>John Michael Hughes</b> Signature of Debtor 1	<b>/s/ Amy Constance Cederbaum</b> <b>Amy Constance Cederbaum</b> Signature of Debtor 2	Executed on <b>April 26, 2017</b> MM / DD / YYYY	Executed on <b>April 26, 2017</b> MM / DD / YYYY
<b>/s/ John Michael Hughes</b> <b>John Michael Hughes</b> Signature of Debtor 1	<b>/s/ Amy Constance Cederbaum</b> <b>Amy Constance Cederbaum</b> Signature of Debtor 2				
Executed on <b>April 26, 2017</b> MM / DD / YYYY	Executed on <b>April 26, 2017</b> MM / DD / YYYY				

Debtor 1 **John Michael Hughes**  
Debtor 2 **Amy Constance Cederbaum**

Case number (if known) \_\_\_\_\_

**For your attorney, if you are represented by one**

**If you are not represented by an attorney, you do not need to file this page.**

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

**/s/ Ariel Weissberg**

Signature of Attorney for Debtor

Date

**April 26, 2017**

MM / DD / YYYY

**Ariel Weissberg**

Printed name

**Weissberg and Associates, Ltd.**

Firm name

**401 S. LaSalle St.**

**Suite 403**

**Chicago, IL 60605**

Number, Street, City, State & ZIP Code

Contact phone **312-663-0004**

Email address

**ariel@weissberglaw.com**

**03125591**

Bar number & State

## Fill in this information to identify your case:

Debtor 1	<b>John Michael Hughes</b>		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	<b>Amy Constance Cederbaum</b>		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	NORTHERN DISTRICT OF ILLINOIS		
Case number (if known)			

☐ Check if this is an amended filing

## Official Form 106D

## Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

## 1. Do any creditors have claims secured by your property?

- ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

## Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
<b>2.1 Carmax Auto Finance</b> Creditor's Name <b>Bankruptcy Dept. 225 Chastain Meadows Ct. Kennesaw, GA 30144-5841</b> Number, Street, City, State & Zip Code	Describe the property that secures the claim: <b>2008 Hyundai Sonata</b> <b>Approximate value</b> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Nature of lien.</b> Check all that apply. <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset)	<b>\$6,000.00</b>	<b>\$2,000.00</b>
<b>Who owes the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt			<b>\$4,000.00</b>
Date debt was incurred <b>1/24/2015</b>	Last 4 digits of account number <b>7111</b>		

<b>2.2 Chase Bank, N.A.</b> Creditor's Name <b>Mortgage Bankruptcy Dept. 1111 Polaris Parkway Columbus, OH 43240</b> Number, Street, City, State & Zip Code	Describe the property that secures the claim: <b>900 Illinois Road, Wilmette, Illinois 60091</b> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Nature of lien.</b> Check all that apply. <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset)	<b>\$292,509.13</b>	<b>\$350,000.00</b>	<b>\$0.00</b>
<b>Who owes the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt	<b>Accrued interest, costs, expenses, attorneys' fees and other amounts</b>			
Date debt was incurred <b>10/24/05</b>	Last 4 digits of account number <b>5636</b>			

Debtor 1 **John Michael Hughes** Case number (if know) \_\_\_\_\_  
 First Name Middle Name Last Name  
 Debtor 2 **Amy Constance Cederbaum**  
 First Name Middle Name Last Name

2.3	<b>Deutsche Bank National Trust Co.</b> <small>Creditor's Name</small> <b>c/o Heavner, Scott, Beyers &amp; Miller</b> <b>P.O. Box 740</b> <b>Decatur, IL 62525</b> <small>Number, Street, City, State &amp; Zip Code</small>	Describe the property that secures the claim: <div style="border: 1px solid black; padding: 2px;"> <b>900 Illinois Road, Wilmette, Illinois 60091</b> </div> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Nature of lien. Check all that apply. <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset)	\$521,827.81	\$350,000.00	\$171,827.81
Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt					
Date debt was incurred <u>10/24/05</u> Last 4 digits of account number <u>4918</u>					
<b>Accrued interest, costs, expenses, attorneys fees, and other amounts</b>					

2.4	<b>Internal Revenue Service</b> <small>Creditor's Name</small> <b>Centralized Insolvency Operations</b> <b>P.O. Box 7346</b> <b>Philadelphia, PA 19114</b> <small>Number, Street, City, State &amp; Zip Code</small>	Describe the property that secures the claim: <div style="border: 1px solid black; padding: 2px;"> <b>900 Illinois Road Wilmette, IL 60091 Cook County</b> </div> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input checked="" type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset)	\$170,000.00	\$350,000.00	\$0.00
Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt					
Date debt was incurred _____ Last 4 digits of account number _____					
<b>Plus Interest and penalties</b>					

Add the dollar value of your entries in Column A on this page. Write that number here:	<b>\$990,336.94</b>
If this is the last page of your form, add the dollar value totals from all pages. Write that number here:	<b>\$990,336.94</b>

**Part 2: List Others to Be Notified for a Debt That You Already Listed**

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

<input type="checkbox"/>	Name, Number, Street, City, State & Zip Code <b>Burke, Warren, McKay, Serritella</b> <b>330 North Wabash</b> <b>Chicago, IL 60611</b>	On which line in Part 1 did you enter the creditor? <u>2.2</u> Last 4 digits of account number <u>5636</u>
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Debtor 1 **John Michael Hughes**

First Name Middle Name Last Name

Case number (if know) \_\_\_\_\_

Debtor 2 **Amy Constance Cederbaum**

First Name Middle Name Last Name



Name, Number, Street, City, State & Zip Code

**Office of United States Attorney  
219 South Dearborn, 5th Floor  
Chicago, IL 60604**

On which line in Part 1 did you enter the creditor? **2.4**

Last 4 digits of account number \_\_\_\_\_

**Fill in this information to identify your case:**

Debtor 1	<b>John Michael Hughes</b>		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	<b>Amy Constance Cederbaum</b>		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	NORTHERN DISTRICT OF ILLINOIS		
Case number (if known)			

☐ Check if this is an amended filing

Official Form 106E/F

**Schedule E/F: Creditors Who Have Unsecured Claims**

**12/15**

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

**Part 1: List All of Your PRIORITY Unsecured Claims**

**1. Do any creditors have priority unsecured claims against you?**

☐ No. Go to Part 2.

☒ Yes.

**2. List all of your priority unsecured claims.** If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

		Total claim	Priority amount	Nonpriority amount	
2.1	<b>Cook County Treasurer</b> Priority Creditor's Name <b>118 N. Clark St., Room 112</b> <b>Chicago, IL 60602</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>0000</b> When was the debt incurred? _____ <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of PRIORITY unsecured claim:</b> <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____	<b>Unknown</b>	<b>Unknown</b>	<b>Unknown</b>

Debtor 1 **John Michael Hughes**  
Debtor 2 **Amy Constance Cederbaum**

Case number (if know)

2.2	<b>Internal Revenue Service</b> Priority Creditor's Name <b>Centralized Insolvency Operations</b> <b>P.O. Box 7346</b> <b>Philadelphia, PA 19114</b> Number Street City State Zip Code	Last 4 digits of account number <b>0814</b>	<b>\$169,053.83</b>	<b>\$169,053.83</b>	<b>\$0.00</b>
	When was the debt incurred? <b>2005 to 2008</b>				
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____					
<b>Interest and Penalties on 1040 Taxes</b>					

2.3	<b>Internal Revenue Service</b> Priority Creditor's Name <b>Centralized Insolvency Operations</b> <b>P.O. Box 7346</b> <b>Philadelphia, PA 19114</b> Number Street City State Zip Code	Last 4 digits of account number <b>0814</b>	<b>\$509.13</b>	<b>\$509.13</b>	<b>\$0.00</b>
	When was the debt incurred? <b>8/24/2015</b>				
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____					
<b>Taxes, interest and penalties owed due to miscalculated 2014 form 1040</b>					

2.4	<b>Internal Revenue Service</b> Priority Creditor's Name <b>Centralized Insolvency Operations</b> <b>P.O. Box 7346</b> <b>Philadelphia, PA 19114</b> Number Street City State Zip Code	Last 4 digits of account number <b>0814</b>	<b>\$155.55</b>	<b>\$155.55</b>	<b>\$0.00</b>
	When was the debt incurred? <b>12/31/14</b>				
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____					
<b>Interest and Penalties on 1040 Taxes</b>					

Debtor 1 **John Michael Hughes**  
Debtor 2 **Amy Constance Cederbaum**

Case number (if know)

2.5	<b>Internal Revenue Service</b> Priority Creditor's Name <b>Centralized Insolvency Operations</b> <b>P.O. Box 7346</b> <b>Philadelphia, PA 19114</b> Number Street City State Zip Code	Last 4 digits of account number <b>0814</b>	<b>\$6,738.91</b>	<b>\$6,738.91</b>	<b>\$0.00</b>
	When was the debt incurred? <b>12/31/11</b>				
As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____					
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
<b>Taxes, Interest and Penalties on 1040 taxes</b>					

2.6	<b>Internal Revenue Service</b> Priority Creditor's Name <b>Centralized Insolvency Operations</b> <b>P.O. Box 7346</b> <b>Philadelphia, PA 19114</b> Number Street City State Zip Code	Last 4 digits of account number <b>0814</b>	<b>\$3,383.82</b>	<b>\$3,383.82</b>	<b>\$0.00</b>
	When was the debt incurred? <b>2009</b>				
As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____					
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
<b>Plus penalties and interest</b>					

2.7	<b>State of Illinois</b> Priority Creditor's Name <b>Department of Revenue</b> <b>100 W. Randolph Street</b> <b>Chicago, IL 60601</b> Number Street City State Zip Code	Last 4 digits of account number <b>0814</b>	<b>\$16,873.13</b>	<b>\$16,873.00</b>	<b>\$0.13</b>
	When was the debt incurred? _____				
As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____					
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
<b>Taxes from 2005 to 2017</b>					

**Part 2: List All of Your NONPRIORITY Unsecured Claims**

3. Do any creditors have nonpriority unsecured claims against you?

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes.

Debtor 1 **John Michael Hughes**  
Debtor 2 **Amy Constance Cederbaum**

Case number (if know) \_\_\_\_\_

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

		Last 4 digits of account number	Total claim
4.1	<b>Alfredo's Landscaping</b> Nonpriority Creditor's Name <b>2235 Webster Ln.</b> <b>Des Plaines, IL 60018</b> Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	 When was the debt incurred? <b>2012</b>  As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Landscaping</b>	<b>\$785.00</b>
4.2	<b>Apex Home Healthcare</b> Nonpriority Creditor's Name <b>2607 West 22nd St., Suite 47</b> <b>Oak Brook, IL 60523</b> Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	 When was the debt incurred? <b>February, 2015</b>  As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Medical Bills</b>	<b>\$6,670.53</b>
4.3	<b>Arrowood Indemnity Company</b> Nonpriority Creditor's Name <b>3600 Arco Corporate Drive</b> <b>#600</b> <b>Charlotte, NC 28273</b> Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	 When was the debt incurred? <b>2013</b>  As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Student loan, plus interest</b>	<b>\$21,573.38</b>

Debtor 1 **John Michael Hughes**  
Debtor 2 **Amy Constance Cederbaum**

Case number (if know) \_\_\_\_\_

4.4	<b>AT&amp;T</b> Nonpriority Creditor's Name <b>c/o Debt Collection Systems</b> <b>8 S. Michigan Ave., Suite 618</b> <b>Chicago, IL 60603</b> Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ <b>\$900.00</b>  When was the debt incurred? <u>2009</u>  As of the date you file, the claim is: Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____
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4.5	<b>AT&amp;T Mobility</b> Nonpriority Creditor's Name <b>PO Box 6416</b> <b>Carol Stream, IL 60197-6416</b> Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>0907</u> <b>\$334.77</b>  When was the debt incurred? <u>4/18/2010</u>  As of the date you file, the claim is: Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Wireless bill.</u>
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4.6	<b>Avon Products, Inc.</b> Nonpriority Creditor's Name <b>6901 Golf Drive</b> <b>Morton Grove, IL 60053-1346</b> Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>0467</u> <b>\$10.00</b>  When was the debt incurred? <u>2015</u>  As of the date you file, the claim is: Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Contract to be Representative</u>
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Debtor 1 **John Michael Hughes**  
Debtor 2 **Amy Constance Cederbaum**

Case number (if know) \_\_\_\_\_

4.7	<b>Beth Osten and Associates</b> Nonpriority Creditor's Name <b>9933 Woods Drive</b> <b>Skokie, IL 60077</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> _____ <b>\$675.00</b>  <b>When was the debt incurred?</b> <u>2008</u>  <b>As of the date you file, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Occupational therapy</u>
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4.8	<b>Bright T. Omozuwa</b> Nonpriority Creditor's Name <b>6151 North Winthrop Ave., Apt. 1102</b> <b>Chicago, IL 60660</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> _____ <b>Unknown</b>  <b>When was the debt incurred?</b> <u>11/28/2016</u>  <b>As of the date you file, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Car Accident</u>
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4.9	<b>Capital One</b> Nonpriority Creditor's Name <b>Bankruptcy Dept.</b> <b>P.O. Box 30285</b> <b>Salt Lake City, UT 84130-0285</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <u>6348</u> <b>\$4,696.06</b>  <b>When was the debt incurred?</b> <u>2016</u>  <b>As of the date you file, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u>
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Debtor 1 **John Michael Hughes**  
Debtor 2 **Amy Constance Cederbaum**

Case number (if know) \_\_\_\_\_

4.1  
0

**Chase**

Last 4 digits of account number \_\_\_\_\_

**Unknown**

Nonpriority Creditor's Name

**P.O. Box 15298**

**Wilmington, DE 19850-5298**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☒ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

When was the debt incurred? **2009**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Credit Card**

4.1  
1

**City of Chicago**

Last 4 digits of account number \_\_\_\_\_

**\$610.00**

Nonpriority Creditor's Name

**Dept. of Consumer Services**

**50 N. Washington St., Room 208**

**Chicago, IL 60602**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

When was the debt incurred? **2000 to 2015**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Parking Tickets**

4.1  
2

**City of Chicago**

Last 4 digits of account number **9280**

**\$244.00**

Nonpriority Creditor's Name

**Dept. of Consumer Services**

**50 N. Washington St., Room 208**

**Chicago, IL 60602**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Red Light Violation**

Debtor 1 **John Michael Hughes**  
Debtor 2 **Amy Constance Cederbaum**

Case number (if know) \_\_\_\_\_

4.1  
3

**Cook County Treasurer**

Nonpriority Creditor's Name  
**118 N. Clark St., Room 112**  
**Chicago, IL 60602**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **0000**

**\$5,866.91**

When was the debt incurred? **3/3/2015**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **Property Tax**

4.1  
4

**Credo Mobile**

Nonpriority Creditor's Name  
**101 Market St., Suite 700**  
**San Francisco, CA 94105**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **7355**

**\$981.42**

When was the debt incurred? **5/13/15**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **Mobile plan**

4.1  
5

**Donald Edwards**

Nonpriority Creditor's Name  
**300 N. Maple Ave., Unit 6**  
**Oak Park, IL 60302**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number \_\_\_\_\_

**Unknown**

When was the debt incurred? **2009**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **Promissory Note**

Debtor 1 **John Michael Hughes**  
Debtor 2 **Amy Constance Cederbaum**

Case number (if know) \_\_\_\_\_

4.1  
6

**Dr. Henry Conroe**

Nonpriority Creditor's Name  
**25 E. Washington St.  
Suite 1006  
Chicago, IL 60602**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number \_\_\_\_\_

**\$200.00**

When was the debt incurred? **2016**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed  
Type of NONPRIORITY unsecured claim:  
☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **Medical Bill**

4.1  
7

**Dr. Henry Conroe**

Nonpriority Creditor's Name  
**25 E. Washington St.  
Suite 1006  
Chicago, IL 60602**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number \_\_\_\_\_

**\$300.00**

When was the debt incurred? **2010**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed  
Type of NONPRIORITY unsecured claim:  
☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **Medical Bill**

4.1  
8

**Elm Street Pediatrics**

Nonpriority Creditor's Name  
**572 Lincoln Ave. #3  
Winnetka, IL 60093**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number \_\_\_\_\_

**\$139.00**

When was the debt incurred? **2007**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed  
Type of NONPRIORITY unsecured claim:  
☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **Medical Bill**

Debtor 1 **John Michael Hughes**  
Debtor 2 **Amy Constance Cederbaum**

Case number (if know) \_\_\_\_\_

4.1  
9

**Elmhurst Hospital**

Nonpriority Creditor's Name

**155 E. Brush Hill Road  
Elmhurst, IL 60126**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **6187**

**Unknown**

When was the debt incurred? **2010**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **Medical Bill**

4.2  
0

**Elmhurst Memorial Healthcare**

Nonpriority Creditor's Name

**P.O. Box 4052  
Carol Stream, IL 60197-4052**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number \_\_\_\_\_

**\$184.00**

When was the debt incurred? **2010**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **Medical Bill**

4.2  
1

**Glen Endoscopy Center**

Nonpriority Creditor's Name

**2551 Compass Road, Suite 2830  
Glenview, IL 60026**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **6799**

**\$114.74**

When was the debt incurred? **5/23/16**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **Medical Expenses**

Debtor 1 **John Michael Hughes**  
Debtor 2 **Amy Constance Cederbaum**

Case number (if know) \_\_\_\_\_

4.2  
2

**Glen Endoscopy Center**

Nonpriority Creditor's Name  
**2551 Compass Road, Suite 2830**  
**Glenview, IL 60026**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number \_\_\_\_\_

**\$51.00**

When was the debt incurred? **5/23/16**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **Medical Bill**

4.2  
3

**Harken Health**

Nonpriority Creditor's Name  
**P.O. Box 930126**  
**Atlanta, GA 31193-0126**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **0800**

**\$1,310.90**

When was the debt incurred? **5/8/2016**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **Health insurance**

4.2  
4

**Illinois Gastroenterology Group**

Nonpriority Creditor's Name  
**Dr. Jacobs**  
**P.O. Box 7630**  
**Gurnee, IL 60031-7002**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **8993**

**\$114.74**

When was the debt incurred? **2016**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **Medical Bill**

Debtor 1 **John Michael Hughes**  
Debtor 2 **Amy Constance Cederbaum**

Case number (if know)

4.2 5	<b>Illinois Tollway</b> Nonpriority Creditor's Name <b>P.O. Box 5544</b> <b>Chicago, IL 60680-5544</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <u>0392</u> <b>\$148.50</b>  <b>When was the debt incurred?</b> <u>2/11/16</u>  <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Violations</u>
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4.2 6	<b>Illinois Tollway</b> Nonpriority Creditor's Name <b>P.O. Box 5544</b> <b>Chicago, IL 60680-5544</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <u>                    </u> <b>\$213.60</b>  <b>When was the debt incurred?</b> <u>9/8/2016</u>  <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Unpaid tolls</u>
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4.2 7	<b>Illinois Tollway</b> Nonpriority Creditor's Name <b>P.O. Box 5544</b> <b>Chicago, IL 60680-5544</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <u>6070</u> <b>\$75.00</b>  <b>When was the debt incurred?</b> <u>2014</u>  <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Past-Due Tolls</u>
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Debtor 1 **John Michael Hughes**  
Debtor 2 **Amy Constance Cederbaum**

Case number (if know) \_\_\_\_\_

4.2  
8

**Illinois Tollway**

Nonpriority Creditor's Name

**P.O. Box 5544**

**Chicago, IL 60680-5544**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☒ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **0256**

**\$284.90**

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify \_\_\_\_\_

4.2  
9

**Ira William Weiss, M.C.**

Nonpriority Creditor's Name

**2650 Ridge Ave Rm G234**

**Evanston, IL 60201**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number \_\_\_\_\_

**\$99.00**

When was the debt incurred? **2013**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Medical Bills**

4.3  
0

**Jewish Vocational Services**

Nonpriority Creditor's Name

**5150 Golf Road**

**Skokie, IL 60077**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☒ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number \_\_\_\_\_

**Unknown**

When was the debt incurred? **2007**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify \_\_\_\_\_

Debtor 1 **John Michael Hughes**  
Debtor 2 **Amy Constance Cederbaum**

Case number (if know) \_\_\_\_\_

4.3  
1

**John J. Morrison, Esq.**

Nonpriority Creditor's Name

**Law Offices of John J. Morrison**  
**200 W. Adams, Suite 2850**  
**Chicago, IL 60606**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number \_\_\_\_\_

**\$300.00**

When was the debt incurred? **2016**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed  
Type of NONPRIORITY unsecured claim:  
☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **Legal Fees**

4.3  
2

**Lakemoor Police Department**

Nonpriority Creditor's Name

**27901 West Concrete Drive**  
**Ingleside, IL 60041**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **0392**

**\$75.00**

When was the debt incurred? **3/29//16**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed  
Type of NONPRIORITY unsecured claim:  
☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **Traffic violation**

4.3  
3

**Leon's Landscaping**

Nonpriority Creditor's Name

**1336 Fowler Avenue**  
**Evanston, IL 60201**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **1242**

**\$725.00**

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed  
Type of NONPRIORITY unsecured claim:  
☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **Landscaping**

Debtor 1 **John Michael Hughes**  
Debtor 2 **Amy Constance Cederbaum**

Case number (if know) \_\_\_\_\_

4.3 4	<b>LexisNexis</b> Nonpriority Creditor's Name <b>200 W. Madison St.</b> <b>STE 1170</b> <b>Chicago, IL 60602</b> Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>SC8R</b> When was the debt incurred? <b>9/7/2016</b> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Legal research</b>	<b>\$1,425.65</b>
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4.3 5	<b>Loyola University Health System</b> Nonpriority Creditor's Name <b>P.O. Box 3021</b> <b>Milwaukee, WI 53201-3021</b> Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>0014</b> When was the debt incurred? <b>2/11/15</b> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Medical Bills</b>	<b>\$1,180.82</b>
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4.3 6	<b>Loyola University Medical Center</b> Nonpriority Creditor's Name <b>2160 S. First Ave.</b> <b>Maywood, IL 60153</b> Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? <b>2014</b> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Medical Bills</b>	<b>\$6,054.00</b>
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Debtor 1 **John Michael Hughes**  
Debtor 2 **Amy Constance Cederbaum**

Case number (if know) \_\_\_\_\_

4.3  
7

**Marshall Fields//DSNB**

Nonpriority Creditor's Name  
**c/o United Collection Bureau, Inc.**  
**P.O. Box 1448**  
**Maumee, OH 43537**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number \_\_\_\_\_

**\$139.59**

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed  
Type of NONPRIORITY unsecured claim:  
☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **Credit Card**

4.3  
8

**Metro Infusion Center a/k/a Metro**

Nonpriority Creditor's Name  
**Infectious Disease Consultant**  
**901 McClintock Drive, Suite 202**  
**Burr Ridge, IL 60527-0844**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **1294**

**\$34,732.74**

When was the debt incurred? **3/19/2015**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed  
Type of NONPRIORITY unsecured claim:  
☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **Medical Bills**

4.3  
9

**Midwest Imaging Professionals, LLC**

Nonpriority Creditor's Name  
**PO Box 371863**  
**Pittsburgh, PA 15220-7863**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **5199**

**\$69.34**

When was the debt incurred? **2/5/15**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed  
Type of NONPRIORITY unsecured claim:  
☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **Muscle imaging**

Debtor 1 **John Michael Hughes**  
Debtor 2 **Amy Constance Cederbaum**

Case number (if know) \_\_\_\_\_

4.4  
0

**Nelnet Education Planning & Financi**

Nonpriority Creditor's Name

**P.O. Box 82505**

**Claims**

**Lincoln, NE 68501-2505**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

☐ Debtor 1 only

☒ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

**Is the claim subject to offset?**

☒ No

☐ Yes

Last 4 digits of account number **0472**

**\$142,656.00**

When was the debt incurred? **1998**

**As of the date you file, the claim is:** Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

**Type of NONPRIORITY unsecured claim:**

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Student loans, plus interest**

4.4  
1

**North Shore Gastroenterology**

Nonpriority Creditor's Name

**Illinois Gastroenterology Group LLC**

**P.O. Box 7630**

**Gurnee, IL 60031-7002**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

☐ Debtor 1 only

☒ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

**Is the claim subject to offset?**

☒ No

☐ Yes

Last 4 digits of account number **8993**

**\$114.74**

When was the debt incurred? **5/1/2016**

**As of the date you file, the claim is:** Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

**Type of NONPRIORITY unsecured claim:**

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Medical procedure**

4.4  
2

**North Shore Health Systems**

Nonpriority Creditor's Name

**4901 Searle Parkway, Suite 330 Skokie, IL 60076**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

☐ Debtor 1 only

☒ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

**Is the claim subject to offset?**

☒ No

☐ Yes

Last 4 digits of account number \_\_\_\_\_

**\$2,234.02**

When was the debt incurred? **2015**

**As of the date you file, the claim is:** Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

**Type of NONPRIORITY unsecured claim:**

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Medical Bills**

Debtor 1 **John Michael Hughes**  
Debtor 2 **Amy Constance Cederbaum**

Case number (if know) \_\_\_\_\_

4.4  
3

**North Shore University**

Nonpriority Creditor's Name

**Health System**

**Billing Dept., 23056 Network Place  
Chicago, IL 60673**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **2107**

**\$20,457.54**

When was the debt incurred? **1/26/2015**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed  
Type of NONPRIORITY unsecured claim:  
☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **Medical Bills**

4.4  
4

**Northshore University Health System**

Nonpriority Creditor's Name

**Hospital Billing**

**23056 Network Place  
Chicago, IL 60673-1230**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **7805**

**\$459.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed  
Type of NONPRIORITY unsecured claim:  
☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **Medical Costs**

4.4  
5

**Northshore University Health System**

Nonpriority Creditor's Name

**Hospital Billing**

**23056 Network Place  
Chicago, IL 60673-1230**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **7859**

**\$459.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed  
Type of NONPRIORITY unsecured claim:  
☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **Medical Bills**

Debtor 1 **John Michael Hughes**  
Debtor 2 **Amy Constance Cederbaum**

Case number (if know) \_\_\_\_\_

4.4  
6

**Northshore University Health System**

Nonpriority Creditor's Name

**Hospital Billing**  
**23056 Network Place**  
**Chicago, IL 60673-1230**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt  
Is the claim subject to offset?  
☒ No  
☐ Yes

Last 4 digits of account number **8430** **\$459.00**

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed  
Type of NONPRIORITY unsecured claim:  
☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **Medical Bills**

4.4  
7

**Northshore University HealthSystem**

Nonpriority Creditor's Name

**Hospital Billing**  
**23056 Network Place**  
**Chicago, IL 60673-1230**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt  
Is the claim subject to offset?  
☒ No  
☐ Yes

Last 4 digits of account number **1198** **\$459.00**

When was the debt incurred? **3/7/2015**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed  
Type of NONPRIORITY unsecured claim:  
☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **Medical procedures**

4.4  
8

**Northshore University HealthSystem**

Nonpriority Creditor's Name

**4901 Searle Parkway, Suite 160**  
**Skokie, IL 60077-2919**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt  
Is the claim subject to offset?  
☒ No  
☐ Yes

Last 4 digits of account number **8292** **\$63.00**

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed  
Type of NONPRIORITY unsecured claim:  
☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **Medical Bill**

Debtor 1 **John Michael Hughes**  
Debtor 2 **Amy Constance Cederbaum**

Case number (if know) \_\_\_\_\_

4.4  
9

**Northshore/Evanston Hospital**

Nonpriority Creditor's Name  
**and Glenbrook Hospital**  
**23056 Network Place**  
**Chicago, IL 60673-1230**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number \_\_\_\_\_

**\$38,921.03**

When was the debt incurred? **2012**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed  
Type of NONPRIORITY unsecured claim:  
☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **Medical Bills**

4.5  
0

**Northwestern Memorial Hospital**

Nonpriority Creditor's Name  
**541 N. Fairbanks Court, 15th Floor**  
**Chicago, IL 60611-1000**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **4605**

**\$45,000.00**

When was the debt incurred? **11/2016**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed  
Type of NONPRIORITY unsecured claim:  
☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **Medical Bills**

4.5  
1

**Northwestern Memorial Hospital**

Nonpriority Creditor's Name  
**541 N. Fairbanks Court, 15th Floor**  
**Chicago, IL 60611-1000**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number \_\_\_\_\_

**\$97.00**

When was the debt incurred? **2/14/17**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed  
Type of NONPRIORITY unsecured claim:  
☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **Medical Bill**

Debtor 1 **John Michael Hughes**  
Debtor 2 **Amy Constance Cederbaum**

Case number (if know)

4.5  
2

**Pediatric Associates of the North**

Nonpriority Creditor's Name

**P.O. Box 66063**

**Chicago, IL 60666-0630**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☒ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **9780**

**\$15.00**

When was the debt incurred? **2008**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Medical Bill**

4.5  
3

**Presence Health St. Francis Hospita**

Nonpriority Creditor's Name

**Patient Financial Services**

**621 17th Street, Suite 1800**

**Denver, CO 80293**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **5199**

**\$1,922.24**

When was the debt incurred? **1/21/2015**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Medical procedures**

4.5  
4

**Professional Account Management LLC**

Nonpriority Creditor's Name

**P.O. Box 698**

**Milwaukee, WI 53201-0391**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☒ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **0392**

**\$213.60**

When was the debt incurred? **1/26/2016**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Tollway violations**

Debtor 1 **John Michael Hughes**  
Debtor 2 **Amy Constance Cederbaum**

Case number (if know)

4.5 5	<b>Roycemore School</b> Nonpriority Creditor's Name <b>1200 Davis Street</b> <b>Evanston, IL 60201</b> Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>gP01</u> When was the debt incurred? <u>6/10/2013</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Education</u>	<b>\$14,434.60</b>
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4.5 6	<b>Sprint</b> Nonpriority Creditor's Name <b>P.O. Box 4191</b> <b>Carol Stream, IL 60197-4191</b> Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? <u>2015</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Cell Phone</u>	<b>\$1,500.00</b>
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4.5 7	<b>Sprint</b> Nonpriority Creditor's Name <b>P.O. Box 4191</b> <b>Carol Stream, IL 60197</b> Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>7322</u> When was the debt incurred? <u>2013</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	<b>Unknown</b>
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Debtor 1 **John Michael Hughes**  
Debtor 2 **Amy Constance Cederbaum**

Case number (if know) \_\_\_\_\_

4.5  
8

**State Farm Insurance**

Nonpriority Creditor's Name

**P.O. Box 2329**

**Bloomington, IL 61702-2329**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **6196**

**\$49.00**

When was the debt incurred? **8/13/2016**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Homeowners Policy**

4.5  
9

**Steffa Mirel, LCSW**

Nonpriority Creditor's Name

**8503 Lotus Avenue**

**Apt. 315**

**Skokie, IL 60077**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number \_\_\_\_\_

**\$900.00**

When was the debt incurred? **5/1/2013**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☒ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Counseling**

4.6  
0

**Target Visa**

Nonpriority Creditor's Name

**P.O. Box 59317**

**Minneapolis, MN 55459**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☒ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number \_\_\_\_\_

**Unknown**

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Credit Card**

Debtor 1 **John Michael Hughes**  
Debtor 2 **Amy Constance Cederbaum**

Case number (if know)

4.6  
1

**University of Chicago Medicine**

Nonpriority Creditor's Name

**15965 Collections Center Drive  
Chicago, IL 60693**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **5309**

**\$2,032.94**

When was the debt incurred? **4/30/15**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **GI Procedures**

4.6  
2

**University of Chicago Physicians**

Nonpriority Creditor's Name

**Group  
75 Remittance Drive, Suite 1385  
Chicago, IL 60675**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **3370**

**\$250.80**

When was the debt incurred? **2/5/2015**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **Diagnostic Pathology**

4.6  
3

**Van Ru Credit Corporation**

Nonpriority Creditor's Name

**1350 E. Touhy Ave., Suite 100E  
Des Plaines, IL 60018-3307**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **5823**

**\$924.97**

When was the debt incurred? **12/2/2015**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **Medical procedures**

Debtor 1 **John Michael Hughes**  
Debtor 2 **Amy Constance Cederbaum**

Case number (if know)

4.6  
4

**Vishu Gaiha M.D.**

Last 4 digits of account number **8642**

**\$38.68**

Nonpriority Creditor's Name

**800 Austin St.**

When was the debt incurred? **2-2-15**

**Suite 602W**

**Evanston, IL 60202**

Number Street City State Zip Code

As of the date you file, the claim is: Check all that apply

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Contingent

☐ Debtor 2 only

☐ Unliquidated

☐ Debtor 1 and Debtor 2 only

☐ Disputed

☐ At least one of the debtors and another

Type of NONPRIORITY unsecured claim:

☐ Check if this claim is for a community debt

☐ Student loans

Is the claim subject to offset?

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☒ No

☐ Debts to pension or profit-sharing plans, and other similar debts

☐ Yes

☒ Other. Specify **Medical procedure**

**Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address

**AT&T Communications of Illinois  
c/o CT Corporation System  
208 S. LaSalle St., Suite 814  
Chicago, IL 60604**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.4** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**CCC  
34 Seymour St.  
Tonawanda, NY 14150**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.34** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**2916**

Name and Address

**Creditors Collection Bureau  
755 Almar Pkwy  
Bourbonnais, IL 60914**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.53** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**4631**

Name and Address

**Credo Cell Phone Co.  
P.O. Box 7015  
San Francisco, CA 94120-7015**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.14** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Fox Collection Center  
P.O. Box 52  
Goodlettsville, TN 37070**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.21** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**0162**

Name and Address

**Harris & Harris, Ltd.  
111 W. Jackson, Suite 500  
Chicago, IL 60604**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.27** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Keynote Consulting  
220 West Campus Drive, Suite 102  
Arlington Heights, IL 60004**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.24** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Debtor 1 **John Michael Hughes**  
Debtor 2 **Amy Constance Cederbaum**

Case number (if know)

Last 4 digits of account number

Name and Address  
**Keynote Consulting**  
**220 W. Campus Dr.**  
**Suite 102**  
**Arlington Heights, IL 60004**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.21** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Loyola University Medical Center**  
**LUMC Patient Payments**  
**P.O. Box 3021**  
**Milwaukee, WI 53201-3021**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.36** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**M3 Financial Services**  
**P.O. Box 7230**  
**Westchester, IL 60154-6230**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.61** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**7536**

Name and Address  
**Nationwide Credit & Collection**  
**815 Commerce Drive, Suite 270**  
**Oak Brook, IL 60523-8852**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.35** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Nationwide Credit & Collection**  
**815 Commerce Drive, Suite 270**  
**Oak Brook, IL 60523-8852**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.36** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Office of United States Attorney**  
**219 South Dearborn, 5th Floor**  
**Chicago, IL 60604**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **2.2** of (Check one):

☒ Part 1: Creditors with Priority Unsecured Claims

☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Office of United States Attorney**  
**219 South Dearborn, 5th Floor**  
**Chicago, IL 60604**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **2.3** of (Check one):

☒ Part 1: Creditors with Priority Unsecured Claims

☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Office of United States Attorney**  
**219 South Dearborn, 5th Floor**  
**Chicago, IL 60604**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **2.4** of (Check one):

☒ Part 1: Creditors with Priority Unsecured Claims

☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Office of United States Attorney**  
**219 South Dearborn, 5th Floor**  
**Chicago, IL 60604**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **2.5** of (Check one):

☒ Part 1: Creditors with Priority Unsecured Claims

☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Office of United States Attorney**  
**219 South Dearborn, 5th Floor**  
**Chicago, IL 60604**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **2.6** of (Check one):

☒ Part 1: Creditors with Priority Unsecured Claims

☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Pinnacle Management Services**  
**830 Roundabout, Suite B**  
**West Dundee, IL 60118**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.43** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**9979**

Debtor 1 **John Michael Hughes**  
Debtor 2 **Amy Constance Cederbaum**

Case number (if know)

Name and Address  
**Pinnacle Management Services**  
**514 Market Loop, Suite 103**  
**West Dundee, IL 60118**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.47** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Pinnacle Management Services**  
**514 Market Loop, Suite 103**  
**West Dundee, IL 60118**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.44** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Professional Account Management LLC**  
**P.O. Box 698**  
**Milwaukee, WI 53201-0391**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.26** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**States Recovery System**  
**2491 Sunrise Blvd.**  
**Rancho Cordova, CA 95670**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.14** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Van Ru Credit Corporation**  
**1350 E. Touhy Ave., Suite 100E**  
**Des Plaines, IL 60018-3307**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.43** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**7260**

Name and Address  
**Van Ru Credit Corporation**  
**1350 E. Touhy Ave., Suite 100E**  
**Des Plaines, IL 60018-3307**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.46** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**0490**

**Part 4: Add the Amounts for Each Type of Unsecured Claim**

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

		Total Claim	
Total claims from Part 1	6a. Domestic support obligations	6a.	\$ <u>0.00</u>
	6b. Taxes and certain other debts you owe the government	6b.	\$ <u>196,714.37</u>
	6c. Claims for death or personal injury while you were intoxicated	6c.	\$ <u>0.00</u>
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ <u>0.00</u>
	6e. Total Priority. Add lines 6a through 6d.	6e.	\$ <u>196,714.37</u>
		Total Claim	
Total claims from Part 2	6f. Student loans	6f.	\$ <u>0.00</u>
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ <u>0.00</u>
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ <u>0.00</u>
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ <u>364,945.75</u>
	6j. Total Nonpriority. Add lines 6f through 6i.	6j.	\$ <u>364,945.75</u>

**Fill in this information to identify your case:**

Debtor 1 **John Michael Hughes**  
First Name Middle Name Last Name

Debtor 2 **Amy Constance Cederbaum**  
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **NORTHERN DISTRICT OF ILLINOIS**

Case number \_\_\_\_\_  
(if known)

☐ Check if this is an amended filing

Official Form 106Dec

**Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**Sign Below**

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person \_\_\_\_\_ Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X **/s/ John Michael Hughes**  
**John Michael Hughes**  
Signature of Debtor 1

Date **April 26, 2017**

X **/s/ Amy Constance Cederbaum**  
**Amy Constance Cederbaum**  
Signature of Debtor 2

Date **April 26, 2017**

United States Bankruptcy Court  
Northern District of Illinois

In re **John Michael Hughes**  
**Amy Constance Cederbaum**

Debtor(s)

Case No.

Chapter

**7**

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept .....	\$	<b>3,500.00</b>
Prior to the filing of this statement I have received .....	\$	<b>3,500.00</b>
Balance Due .....	\$	<b>0.00</b>

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify):

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify):

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

**Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods.**

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

**Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding.**

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

**April 26, 2017**

*Date*

**/s/ Ariel Weissberg**

**Ariel Weissberg 03125591**

*Signature of Attorney*

**Weissberg and Associates, Ltd.**

**401 S. LaSalle St.**

**Suite 403**

**Chicago, IL 60605**

**312-663-0004 Fax: 312-663-1514**

**ariel@weissberglaw.com**

*Name of law firm*

**WEISSBERG AND ASSOCIATES, LTD.**

401 South LaSalle  
Suite 403  
Chicago, Illinois 60605

Telephone: 312/663-0004  
Facsimile: 312/663-1514  
E-Mail:  
[ariel@weissberglaw.com](mailto:ariel@weissberglaw.com)

June 27, 2016

Amy Cederbaum, Esq.  
John Hughes, Esq.  
900 Illinois Road  
Wilmette, IL 60091

By Email: [acederbaumlaw@gmail.com](mailto:acederbaumlaw@gmail.com)

**Re: Chapter 7 Bankruptcy**

Dear Ms. Cederbaum and Mr. Hughes:

We are pleased that you have requested this law firm to represent you in the above-captioned matters. Lawyers are required, under the Rules of Professional Conduct, to communicate in writing the basis or rate of their fee when beginning the representation of a client. This letter sets forth the terms concerning our representation of you.

You agree to pay our firm an advanced payment fee in the amount of \$3,500.00 plus a \$335.00 Bankruptcy (the "Advanced Payment Retainer") from which we will credit against our legal services as rendered and advance against any reimbursable costs and expenses, which amount is paid to us for the purpose of establishing our attorney-client relationship.

Should a Complaint objecting to your discharge or the dischargeability of a claim be filed against you in your Chapter 7 bankruptcy case ("Adversary Proceeding"), we will bill you on an hourly basis--to be applied against the Advanced Payment Retainer. Our billing is based on an hourly rate of \$450.00 for time expended by me and \$325.00 to \$375.00 for time expended by the associates of Weissberg and Associates, Ltd. Fractions of hours are computed in increments of one quarter (1/4) of an hour. Some of the work on your case may be done by a paralegal assistant or by a law clerk whose hourly rates are substantially lower; and to the extent that their time is utilized, your overall fee will be reduced.

You shall also be responsible for paying all out-of-pocket expenses incurred by my firm in representing you in any such Adversary Proceeding, such as filings with courts and government agencies, photocopying, facsimile transmissions, express courier services, messenger services, computerized Westlaw research, travel costs, and other expenses and charges.

Amy Cederbaum, Esq.  
John Hughes, Esq.  
March 27, 2016  
Page 2

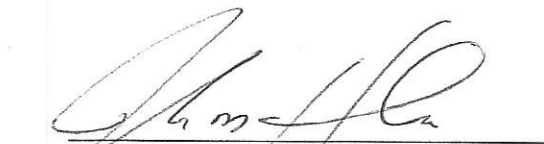
Please date and countersign this letter and return it to me with a check in the amount of the Advanced Payment Retainer so that we will have a written mutual memorandum of our understanding. Please retain the signed copy of the letter for your file.

Yours truly,



Ariel Weissberg

ACCEPTED this 4<sup>th</sup> day of August 2016 *mit*

  
AMY CEDERBAUM  
JOHN HUGHES

C+H CHK 1559

**United States Bankruptcy Court  
Northern District of Illinois**

In re John Michael Hughes  
Amy Constance Cederbaum Debtor(s) Case No. \_\_\_\_\_  
Chapter 7

**VERIFICATION OF CREDITOR MATRIX**

Number of Creditors: 76

The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge.

Date: April 26, 2017 /s/ John Michael Hughes  
John Michael Hughes  
Signature of Debtor

Date: April 26, 2017 /s/ Amy Constance Cederbaum  
Amy Constance Cederbaum  
Signature of Debtor

Alfredo's Landscaping  
2235 Webster Ln.  
Des Plaines, IL 60018

Apex Home Healthcare  
2607 West 22nd St., Suite 47  
Oak Brook, IL 60523

Arrowood Indemnity Company  
3600 Arco Corporate Drive  
#600  
Charlotte, NC 28273

AT&T  
c/o Debt Collection Systems  
8 S. Michigan Ave., Suite 618  
Chicago, IL 60603

AT&T Communications of Illinois  
c/o CT Corporation System  
208 S. LaSalle St., Suite 814  
Chicago, IL 60604

AT&T Mobility  
PO Box 6416  
Carol Stream, IL 60197-6416

Avon Products, Inc.  
6901 Golf Drive  
Morton Grove, IL 60053-1346

Beth Osten and Associates  
9933 Woods Drive  
Skokie, IL 60077

Bright T. Omozuwa  
6151 North Winthrop Ave., Apt. 1102  
Chicago, IL 60660

Burke, Warren, McKay, Serritella  
330 North Wabash  
Chicago, IL 60611

Capital One  
Bankruptcy Dept.  
P.O. Box 30285  
Salt Lake City, UT 84130-0285

Carmax Auto Finance  
Bankruptcy Dept.  
225 Chastain Meadows Ct.  
Kennesaw, GA 30144-5841

CCC  
34 Seymour St.  
Tonawanda, NY 14150

Chase  
P.O. Box 15298  
Wilmington, DE 19850-5298

Chase Bank, N.A.  
Mortgage Bankruptcy Dept.  
1111 Polaris Parkway  
Columbus, OH 43240

City of Chicago  
Dept. of Consumer Services  
50 N. Washington St., Room 208  
Chicago, IL 60602

Cook County Treasurer  
118 N. Clark St., Room 112  
Chicago, IL 60602

Creditors Collection Bureau  
755 Almar Pkwy  
Bourbonnais, IL 60914

Credo Cell Phone Co.  
P.O. Box 7015  
San Francisco, CA 94120-7015

Credo Mobile  
101 Market St., Suite 700  
San Francisco, CA 94105

Deutsche Bank National Trust Co.  
c/o Heavner, Scott, Beyers & Miller  
P.O. Box 740  
Decatur, IL 62525

Donald Edwards  
300 N. Maple Ave., Unit 6  
Oak Park, IL 60302

Dr. Henry Conroe  
25 E. Washington St.  
Suite 1006  
Chicago, IL 60602

Elm Street Pediatrics  
572 Lincoln Ave. #3  
Winnetka, IL 60093

Elmhurst Hospital  
155 E. Brush Hill Road  
Elmhurst, IL 60126

Elmhurst Memorial Healthcare  
P.O. Box 4052  
Carol Stream, IL 60197-4052

Fox Collection Center  
P.O. Box 52  
Goodlettsville, TN 37070

Glen Endoscopy Center  
2551 Compass Road, Suite 2830  
Glenview, IL 60026

Harken Health  
P.O. Box 930126  
Atlanta, GA 31193-0126

Harris & Harris, Ltd.  
111 W. Jackson, Suite 500  
Chicago, IL 60604

Illinois Gastroenterology Group  
Dr. Jacobs  
P.O. Box 7630  
Gurnee, IL 60031-7002

Illinois Tollway  
P.O. Box 5544  
Chicago, IL 60680-5544

Internal Revenue Service  
Centralized Insolvency Operations  
P.O. Box 7346  
Philadelphia, PA 19114

Ira William Weiss, M.C.  
2650 Ridge Ave Rm G234  
Evanston, IL 60201

Jewish Vocational Services  
5150 Golf Road  
Skokie, IL 60077

John J. Morrison, Esq.  
Law Offices of John J. Morrison  
200 W. Adams, Suite 2850  
Chicago, IL 60606

Keynote Consulting  
220 West Campus Drive, Suite 102  
Arlington Heights, IL 60004

Keynote Consulting  
220 W. Campus Dr.  
Suite 102  
Arlington Heights, IL 60004

Lakemoor Police Department  
27901 West Concrete Drive  
Ingleside, IL 60041

Leon's Landscaping  
1336 Fowler Avenue  
Evanston, IL 60201

LexisNexis  
200 W. Madison St.  
STE 1170  
Chicago, IL 60602

Loyola University Health System  
P.O. Box 3021  
Milwaukee, WI 53201-3021

Loyola University Medical Center  
2160 S. First Ave.  
Maywood, IL 60153

Loyola University Medical Center  
LUMC Patient Payments  
P.O. Box 3021  
Milwaukee, WI 53201-3021

M3 Financial Services  
P.O. Box 7230  
Westchester, IL 60154-6230

Marshall Fields//DSNB  
c/o United Collection Bureau, Inc.  
P.O. Box 1448  
Maumee, OH 43537

Metro Infusion Center a/k/a Metro  
Infectious Disease Consultant  
901 McClintock Drive, Suite 202  
Burr Ridge, IL 60527-0844

Midwest Imaging Professionals, LLC  
PO Box 371863  
Pittsburgh, PA 12520-7863

Nationwide Credit & Collection  
815 Commerce Drive, Suite 270  
Oak Brook, IL 60523-8852

Nelnet Education Planning & Financi  
P.O. Box 82505  
Claims  
Lincoln, NE 68501-2505

North Shore Gastroenterology  
Illinois Gastroenterology Group LLC  
P.O. Box 7630  
Gurnee, IL 60031-7002

North Shore Health Systems  
4901 Searle Parkway, Suite 330  
Skokie, IL 60076

North Shore University  
Health System  
Billing Dept., 23056 Network Place  
Chicago, IL 60673

Northshore University Health System  
Hospital Billing  
23056 Network Place  
Chicago, IL 60673-1230

Northshore University HealthSystem  
Hospital Billing  
23056 Network Place  
Chicago, IL 60673-1230

Northshore University HealthSystem  
4901 Searle Parkway, Suite 160  
Skokie, IL 60077-2919

Northshore/Evanston Hospital  
and Glenbrook Hospital  
23056 Network Place  
Chicago, IL 60673-1230

Northwestern Memorial Hospital  
541 N. Fairbanks Court, 15th Floor  
Chicago, IL 60611-1000

Office of United States Attorney  
219 South Dearborn, 5th Floor  
Chicago, IL 60604

Pediatric Associates of the North  
P.O. Box 66063  
Chicago, IL 60666-0630

Pinnacle Management Services  
830 Roundabout, Suite B  
West Dundee, IL 60118

Pinnacle Management Services  
514 Market Loop, Suite 103  
West Dundee, IL 60118

Presence Health St. Francis Hospita  
Patient Financial Services  
621 17th Street, Suite 1800  
Denver, CO 80293

Professional Account Management LLC  
P.O. Box 698  
Milwaukee, WI 53201-0391

Roycemore School  
1200 Davis Street  
Evanston, IL 60201

Sprint  
P.O. Box 4191  
Carol Stream, IL 60197-4191

Sprint  
P.O. Box 4191  
Carol Stream, IL 60197

State Farm Insurance  
P.O. Box 2329  
Bloomington, IL 61702-2329

State of Illinois  
Department of Revenue  
100 W. Randolph Street  
Chicago, IL 60601

States Recovery System  
2491 Sunrise Blvd.  
Rancho Cordova, CA 95670

Steffa Mirel, LCSW  
8503 Lotus Avenue  
Apt. 315  
Skokie, IL 60077

Target Visa  
P.O. Box 59317  
Minneapolis, MN 55459

University of Chicago Medicine  
15965 Collections Center Drive  
Chicago, IL 60693

University of Chicago Physicians  
Group  
75 Remittance Drive, Suite 1385  
Chicago, IL 60675

Van Ru Credit Corporation  
1350 E. Touhy Ave., Suite 100E  
Des Plaines, IL 60018-3307

Vishu Gaiha M.D.  
800 Austin St.  
Suite 602W  
Evanston, IL 60202